								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO									1				
Effective October 1, 2003								10/700,637					
CLAIMS AS FILED - PART I								. EN	NTITY		OTHER	THAN	
(Column 1) (Column 2)							TYPE			OR	SMALL	ENTITY	
TOTAL CLAIMS (O						RAT	E	FEE]	RATE	FEE		
FOR NUM			NUMBER	SER FILED NUM		ER EXTRA	BASIC FEI		385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			10 minus 20=		* Ø		X\$ 9	IĬ.		OR	X\$18=		
INDEPENDENT CLAIMS 3			3 minus 3 =		* D		X43:	=		OR	X86=		
MU	ILTIPLE DEPEN	NDENT CLAIM P					_		OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in colu						column 2	TOTA		,	OR	TOTAL	1-0	
CLAIMS AS AMENDED - PART II								,_		JOH		770	
	(Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID	EST BER OUSLY	PRESENT EXTRA	RATE	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	<u> </u>	=	X\$ 9	-		OR	X\$18=		
	Independent	*	Minus	***		=	X43=			OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEP			PENDENT CLAIM		. 1 45	\dashv			+290=			
	1,4 7						+145: TOT			OR	TOTAL		
							ADDIT. FEE OR ADDIT. FEE						
		(Column 1) I CLAIMS		(Colun		(Column 3)			ADDI			4001	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIC PAID I	USLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	. <u>.</u>	=	X\$ 9=	= [OR	X\$18=		
	Independent	*	Minus	***		=	X43=			OR	X86=		
٩	FIRST PRESE	ENDENT CLAIM			+145=	+							
					•					OR	+290=		
								AL EE L		OR	TOTAL ADDIT. FEE		
_		(Column 3)				_							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	ER JSLY	PRESENT EXTRA	RATE		ADDI: TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total ·	*	Minus	**		= :	X\$ 9=			OR	X\$18=		
	Independent	*	Minus	***		=	X43=	1		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPE				ENDENT CLAIM		+145=	+					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								AL I		OR	+290=		
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								·	OR ,	TOTAL ADDIT. FEE		
		iber Previously Pai					found in the	аррг	ropriate box	in coli	ımn 1.		